



**ANAHEIM HOUSING AUTHORITY**  
ANAHEIM BLVD, SUITE 203, ANAHEIM, CA 92805 (714) 765-4320 FAX (714) 765-4654 [www.anaheim.net](http://www.anaheim.net)

**Rent Increase Request Form Supplement**

Please attach this form to the request for rent increase notice to initiate your formal request

**\*Important Note:** When you submit a rent increase request, a Rent Reasonableness test will be conducted. If the results of this test indicate that an amount less than your current rent should be paid, Anaheim Housing Authority (AHA) is required to reduce your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) 982.507(4), which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA".

A request for a rent increase must comply with all of the following requirements before AHA can approve your request.

- Original notice of intent to increase the rent must first be issued to tenant prior to your submission to AHA.
- Notice must be submitted no less than 60 days prior to the requested effective date. No rent increase can occur during the first 12 months of a new contract.
- You may not charge more for rent than you have to unassisted tenants leased within the last 12 months.
- You must complete the description of your unit on the attached form.
- For a complex having more than 4 units, please submit your current rent roll or the owner's certification below:



**Tenant:** \_\_\_\_\_ **Rent Requested:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**OWNER'S RENT CERTIFICATION**

As Owner/Owner Representative, I certify that the rent charged to AHA tenants is not more than the rent charged to my unassisted units.

**SECTION A – Three most recently leased comparable units within the premises (non-Section 8 ONLY):**

\*If you have 4 or less units on the premises, Section A does not apply, please complete Section B.

	Address and Unit Number	City	Date Rented	Rent Amount	No. of Bedrooms	No. of Baths
1.				\$		
2.				\$		
3.				\$		

**SECTION B:**

**I have 4 or less units at this property (check here):**

Select one of the following descriptions of the property:

- Single detached home     
  Duplex/Triplex/Fourplex     
  Individually owned condo/townhome  
 Mobile Home     
  Other (please explain): \_\_\_\_\_

**Affordable Housing Subsidy**

Check Type:  Tax Credit     HOME     Section 202     Section 221(d)(3)(BMIR)     Section 236

**Print Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_



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## Description of Property

Please complete the form below to assist us in determining your rent accurately.  
If any section is left blank, the amenity will not be used in determining rent.

### Unit Description

Bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_ Square feet: \_\_\_\_\_

### Amenities

- Laundry Hookups (in unit)     Washer and Dryer Included     Stove  
 Dishwasher     Microwave     Garbage Disposal     Ceiling Fan  
 Gated Community     Pool     Patio     Balcony

### Parking (included in rent)

- 1-Car Garage     2-Car Garage     1-Car Carport     2-Car Carport  
 Assigned parking – 1 space (not covered)     Assigned parking – 2 spaces (not covered)

### Air Conditioning

- Central     Window/Wall     None

### Heating

- Central     Space     Furnace     Other:

### Unit Condition - Interior

- Bathrooms remodeled within last 5 years     New paint     New flooring throughout  
 Kitchen remodeled within the last 5 years     Granite countertops     Hardwood floors

### Unit Condition – Exterior

- Fully landscaped     Painted within the last 5 years     Other upgrades: \_\_\_\_\_